# LINCOLN *INTERNATIONAL FREIGHT SERVICES INC.*

129 Main Street South, Georgetown, ON L7G 3E5
Tel: (905) 206 8999 Toll Free: 1-888-272-3343 Fax: (905) 206-9515

SHADED AREAS FOR CARRIER'S USE ONLY

## STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

DATE: _____

**FROM** (SHIPPER)

**ADDRESS** (STREET NUMBER)

**ORIGIN** (CITY) (PROVINCE) (POSTAL CODE)

Received at the point shown on the date specified and fro the shipper mentioned herein, the property herein described in apparent good order, except as noted (contents and conditions of contents of package unknown) marked, consigned and destined as indicated below, which said carrier agrees to carry and deliver to the said consignee at the said destination if on its own route, otherwise to deliver to another carrier on the route to said destination, subject to the classification and tariffs in effect on the date of the shipment. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, including conditions on back hereof, which are here agreed to be the shipper and accepted for himself and assigns.

**CONSIGNED TO** (SHIPPER)

**ADDRESS** (STREET NUMBER)

**DESTINATION** (CITY) (PROVINCE) (POSTAL CODE)

**ROUTING**

OFF P&D

CONSIGNEE'S TELEPHONE NO.
(FOR DELIVERY APPOINTMENTS)

SHIPPER'S BILL OF LADING

CONSIGNEE'S PURCHASE ORDER NO.
(IF APPLICABLE)

If goods are Dangerous (as defined by the **Transportation of Dangerous Goods Act and Regulations**.) / Require **Temperature Control** (specify °C or °F) / Require **Protection** from **Freezing** / Require Special Arrangement between **Shipper** and **Carrier**: indicate the necessary information in the Description section below.

| NO. OF PIECES | DESCRIPTION OR ARTICLES, MARKS, AND EXCEPTIONS | WEIGHT (SUB. TO CORR) SPECIFY LB. OR KG. | | |
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SHIPPER TO CIRCLE

**PREPAID**

**COLLECT**

IF NOT INDICATED SHIPMENT WILL AUTOMATICALLY MOVE **COLLECT**
TERMS: 30 DAYS FROM DATE OF SHIPMENT

**C.O.D.**

(CASH ON DELIVERY)

$ _____

C.O.D. FEE CIRCLE:

**PREPAID**

**COLLECT**

IF GOODS SHIPPED AT OWNER'S RISK, SHIPPER AND CARRIER SIGN HERE

SHIPPER PER _____

CARRIER PER _____

| TOTAL NUMBER OF PIECES | WHERE REQUIRED BY THE TARIFF, SHIPPER MUST COMPLETE THE FOLLOWING | | | |
|---|---|---|---|---|
| | DIMENSIONS OF THE SHIPMENT | TOTAL CUBIC FEET | TOTAL WEIGHT | DIMENSIONAL WEIGHT |
| | | | | |

**DECLARATION VALUATION** $ _____

MAXIMUM LIABILITY OF CARRIER IS $2.00 PER LB ($4.41 PER KILOGRAM) UNLESS DECLARED VALUATION STATES OTHERWISE. SEE CONDITIONS 9 & 10 ON REVERSE.

**NOTICE OF CLAIM**

(a) No carrier is liable for loss, damage or delay to any goods under Bill of Lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods, or in the case of failure to make delivery, within nine (9) months from the date of the shipment.
(b) The final statement of the claim must be filled within nine (9) months from the date of the shipment together with a copy of the paid freight bill.

**NOTE CONDITIONS ON BACK HEREOF WHICH ARE HEREBY ACCEPTED**

SHIPPER _____ CARRIER _____

PER _____ PER _____

DATE OF PICK UP

PIECES

TRAILER NO.

**PLEASE PRINT CLEARLY TO ENSURE ACCURATE BILLING AND TIMELY DELIVERY**